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The Representation of Childbirth in Literature

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THE REPRESENTATION OF CHILDBIRTH IN THE LITERARY WORKS OF FOUR PHYSICIAN/AUTHORS OF THE LATE-NINETEENTH AND TWENTIETH CENTURIES

A Thesis Submitted to the Yale University
School of Medicine in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Medicine

by

Patricia Hellman Gibbs

1987

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ABSTRACT

THE REPRESENTATION OF CHILDBIRTH IN THE LITERARY WORKS OF FOUR PHYSICIAN/AUTHORS OF THE LATE-NINETEENTH AND TWENTIETH CENTURIES

Patricia Hellman Gibbs

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The literary writings on the subject of childbirth by two Late-Victorian physicians, W. Somerset Maugham and Arthur Schnitzler, are compared to those of two more recent doctors, William Carlos Williams and Richard Selzer, in an attempt to determine whether the ideas expressed in their works have changed in any way through the years of great obstetrical advancement and cultural change. A brief account of historical events occurring in medicine and culture is followed by an analysis of each author's works on childbirth. Themes existing in their writings are compared and contrasted. The conclusion is that several thematic trends do emerge which appear related to medical advances and cultural changes.

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ACKNOWLEDGEMENTS

I would like to express my thanks to all those people who made this work possible: to Dr. Richard Selzer for guiding me through dusty stacks of books and past awkward words and phrases; to Dr. Frederick Naftolin for his immediate insight into and understanding of my goals in this project; to Dr. Alan DeCherney for wading patiently through its many pages; and, finally, to my husband, Dr. Richard Gibbs, for his constant support, and for always asking the right questions.

INTRODUCTION

The turn of the present century brought radical changes to the experience of pregnancy and childbirth, largely as a result of advances in medicine and obstetrics. Prior to 1850, women lived in fear of pregnancy, with its attendant labor agonies and threat of death. Unrepaired trauma to the birth passage often left them with drooping organs and fistulas. During the latter half of the nineteenth century, this situation improved. However, it was not until well into the 1900s that maternal mortality rates approached their present low levels. Today, a woman may choose when to have children, can limit her family, and ease her suffering during labor with analgesics. Most importantly, she can expect to tell the tale of her labor experience.

It is these very tales and stories about childbirth with which this thesis is concerned. I will explore literary writings on the subject in an attempt to capture the impact of the obstetrical breakthroughs upon the lives of people. The writings of physicians who doubled as authors are particularly good resources for this study. These writers benefit from their increased exposure to, and thus experience with, childbirth. Familiarity with labor lends their work accuracy and strength.

This study has two objectives: first, to see if and how the literary depiction of childbirth has changed during the time of extraordinary obstetrical advancement, and second, to illuminate the

meaning of pregnancy and labor to the individual and to society.

To attain these objectives, I will compare and contrast the writings of the turn-of-the-century authors, Somerset Maugham and Arthur Schnitzler, with those of two modern authors, William Carlos Williams and Richard Selzer. While these writers used a variety of media, including poetry, short stories, and novels, I am interested primarily in the ideas reflected in their writings rather than in the manner in which they expressed them.

In addition to reflecting on the experience of doctors and the cultural attitudes toward childbirth, the literature of physician authors provides insights into the male experience of childbirth, for up until the present time, virtually all of the doctor/writers have been men. It goes without saying that their experience of labor can never equal that of a woman. In the act of childbirth, the irreducible difference between man and woman is once and for all defined. No matter how closely a man may participate in a childbirth, he will never know what it is to live through it. The knowledge that one is fundamentally different from another human being can give rise not only to wonder but to prejudice. The latter has contributed, over the ages, to the many taboos centering on strictly female functions, such as childbirth and menstruation.

In writing about childbirth, these men may reveal their attitudes and feelings about women in general. The reader can satisfy his or her curiosity about how male physicians cope with seeing the woman's body demystified. Can they still love women when they so

often see the diseases of their organs? How do their detach their own sexuality from the actions they must perform in treating women and delivering babies? How do they avoid involvement? This final question concerns one of the basic dilemmas of the physician's work: how to treat patients as humans without becoming involved, and without taking advantage of the unique privileges accorded by the profession. Crossing lines from professional to personal is a betrayal of the physician/patient relationship.

Childbirth is a rich topic for a writer. Through the process, a new creature is produced. Hence, the reward of labor is one of the greatest joys a woman will experience in her lifetime--the welcoming of her own baby into the world. Yet, at no other time are birth and death so closely juxtaposed. They may even appear simultaneously, the circle of existence represented in a single event. Questions of religion, meaning, and the existence and mercy of God necessarily arise.

The subject of childbirth gains further depth due to its close relationship to sexuality. The topic is inextricably bound to issues of morality. Societal norms of sexual behavior must influence attitudes toward childbirth. The time period prior to the turn of the century was the quintessential era of middle-class sexual repression, anxiety, and confusion. The literature of doctors, members of this bourgeous society, may reflect this turmoil.

In this paper, I will touch on all of these issues, in an attempt to determine if and how the literary representation of

childbirth in the works of physician/authors has changed over the last one hundred years.

MATERIALS AND METHODS

The following study is concerned with the comparison of literary works on the topic of childbirth by the authors W. Somerset Maugham, Arthur Schnitzler, William Carlos Williams and Richard Selzer. A list of works to be considered is as follows: Schnitzler's Bertha Garlan[1] and The Road to the Open; Maugham's Of Human Bondage and Liza of Lambath; Williams' short narrative, "A Night in June" and his poems "Dead Baby", "Spring and All", "The Birth", and a short excerpt from "Patterson"; and Seltzer's essays, "The Virgin and the Petri Dish" and "The Exact Location of the Soul", and his short story "Korea".

In order to provide biographical background, particularly with respect to the authors' obstetrical experience, I will consult autobiographical works including: Schnitzler's My Youth in Vienna; Maugham's The Summing Up; Williams' The Autobiography of William Carlos Williams; and Selzer's Mortal Lessons and Letters to A Young Doctor. In Selzer's case, I will also rely on data obtained form personal interview.

Finally, historical background for the thesis, both medical and cultural, will be obtained primarily from the following sources: Peter Gay's Education of the Senses; Edward Shorter's A History of Women's Bodies; Norman Stone's Europe Transformed; and Herbert Thoms' Our Obstetric Heritage: The Story of Safe Childbirth. Other historical sources will also be consulted, as indicated in the notes and bibliography.

The method used to compare the doctor/authors' literary writings will be as follows. For each of the works, I will briefly describe relevant elements of the plot, including pertinent excerpts. In the case of poetry, I will include the entire poem when space permits. I will then discuss themes existing in each of the writings, comparing and contrasting them with those occurring in other works. In the final section, I will attempt a comprehensive comparison of all of the authors' writings. Organizationally, the thesis is broken down into sections by individual author. Each section will include a brief biographical sketch, emphasizing the authors' participation in obstetrics.

I begin with a brief discussion of trends in medicine and culture which so greatly influenced childbirth over the past one hundred years.

OBSTETRICAL AND CULTURAL TRENDS OF THE LAST HUNDRED YEARS

Obstetrics: A Historical Perspective

Prior to 1850, childbirth in Europe and the United States was a risky, generally dismal affair. There were no anesthetics, and thus, at best, a woman could expect to endure several hours of unrelieved pain. If she should run into difficulties, the midwife who generally attended her had few options: she could do nothing, and hope that the problem would work itself out over time; she could resort to folk remedies, such as magical incantations, herbs, or shaking the patient upside down; she could pull on the presenting part, an action which resulted sometimes in fetal decapitation or dismemberment; she could attempt version of the fetus, an excruciating and dangerous procedure; after the 17th century, she could use forceps, although these were generally employed only by doctors; or she could perform an embryotomy, cutting the fetus to bits, or a craniotomy, piercing its head with scissors and pulling it down with hooks, an action that often resulted in lacerations to the cervix, uterus and vagina.[1] Caesarean section was a last resort, reserved only for those times when all else had failed, or when an attempt was made to save the fetus before the mother died. After delivery, risk of infection was high.

In the nineteenth century, obstetrics changed in a number of

ways. First, childbirth, previously attended to primarily by female midwives of widely varying expertise and training, came increasingly into the domain of medicine and the male physician. Particularly in the middle and upper classes, doctors became the primary attendants at birthings.[2] Second, the erosion of the land-based economy and resultant migration of huge numbers of people to urban centers resulted in the need for hospitals to care for the cities' poor and working classes.[3] Thus, women increasingly came to have their babies in the maternity or "lying-in" wards of city hospitals, rather than in their homes. In such crowded institutions, contagion became an important factor in maternal mortality.

As with other areas of medicine, the field of obstetrics was radically improved by breakthroughs in the natural sciences in the latter half of the nineteenth century. The first discovery to impact upon it was the use of obstetrical anesthetics in 1847 by Scotsman James Y. Simpson. Queen Victoria herself, impressed by the initial success of anesthetics, delivered her eighth child, Prince Leopold, in the happy oblivion of chloroform.[4] Unfortunately, the use of obstetrical anesthesia met with a great deal of resistance, both within the medical profession and amongst the lay public. It did not seem right that a woman should not experience pain in labor; it was unnatural. Many offered a religious argument; had not God said to Eve on the day of her transgression, "I will greatly multiply your pain in childbearing: in pain you shall bring forth children"? (Genesis 3:16). Others of a more scientific bent argued that the

pain hastened the pace of labor, allowing it to flow in a more natural, physiologic manner. Simpson, however, held that anesthetics, far from having a detrimental effect on the progress of labor, actually helped it proceed more rapidly in some cases.[5] Naturally, relief from physical torment was a great temptation, and demand for obstetrical anesthesia increased tremendously within a few years, despite public disapproval. However, large segments of the population still did not have access to it, particularly lower class women.[6] In addition, anesthesia delivered by unskilled practitioners in unregulated fashion carried its own risks of morbidity and mortality.

One of the most remarkable examples of nineteenth century conservatism in medicine was the reception of the discoveries of Oliver Wendell Holmes and Ignatz Semmelweis. On opposite sides of the Atlantic, these two physicians reached similar conclusions about the contagious nature of puerperal fever.[7] The long-standing failure of the medical profession to take their discoveries seriously is a well-known story. It was not until two decades later that Pasteur isolated the bacteria responsible for puerperal fever, the Haemolytic Streptococcus. Only in the mid-1880s did measures designed to prevent contagion come into widespread use, with remarkable effect on mortality due to postpartum infection.[8] Thus, hospital sepsis had fallen to a "negligible level" by the turn of the century.[9]

Two of the major stumbling blocks to a relatively risk-free, non-horrifying labor, i.e. puerperal infection and labor pain, were controllable by the turn of the century. Another huge problem was

dystocia. Until the last quarter of the nineteenth century, the success rates of Caesarean section were abysmal. Only 25% of women undergoing the operation in Europe could expect to survive it.[10] This contrasts with a 0.3% mortality rate in Europe ten years ago.[11] Those same advances which led to the revolutionary change in other fields of surgery also affected surgical obstetrics, namely the discovery of anesthesia (1847), surgical antisepsis (1867) and asepsis, and finally technical advances in surgical technique. In 1880, Sanger introduced the use of uterine sutures, while in 1907, Frank began to employ the lower uterine incision, rather than the more risky high classical incision. Morbidity and mortality were again drastically reduced by the introduction of antibiotics in the 1930s.[12]

Additional advances in obstetrics came with the discovery of the blood groups in 1900, and the development of the blood transfusion. Ergotamine was also put into more widespread use after the turn of the century, although it had been discovered much earlier.[13] In 1906, Henry Hallett Dale discovered pituitrin, and by 1909, obstetricians began to employ it routinely.[14] These developments reduced the risk of postpartum morbidity and mortality due to hemorrhage. Prenatal care has become increasingly important during this century, reducing still further maternal and fetal risk. Throughout the twentieth century, focus has shifted increasingly toward fetal well-being during gestation and labor. The fetus has now taken its own place as patient, and today may receive such

lifesaving treatments as intra-uterine transfusion and prenatal drug therapy for heart disease.

One additional important occurrence around the turn of the century was an increase in the number of abortions, with a consequent increase in deaths due to sepsis and uterine rupture.[15] At this time, there was a shift away from traditional methods of terminating pregnancy, such as drugs and blunt trauma, toward instrumental abortion. By the 1930s, abortion had reached the proportions of an epidemic.[16] It was often done illegally by unskilled abortionists, but even doctors involved in this illicit practice did not have recourse to antibiotics, so it was a procedure with very high risk. The increase in abortion rate from the 1880s on is an interesting phenomenon, representing the attempt by married and unmarried women of all classes to shrug off the yoke of motherhood through the use of advances in medical technology.

All the above trends are best reflected in the drop in maternal and fetal mortality rates over the past one hundred years. To cite a few statistics: maternal mortality rates (deaths/1,000 deliveries) due to full-term[17] sepsis in European hospitals dropped from 31.1 in 1860-1869 to 9.0 in 1880-1889, 1.2 in 1900-1909 and 0.7 in 1930-1939.[18] Overall maternal mortality dropped from 10.0 in 1870-74 to 4.7 in 1905-1909 in one township in Germany.[19] With the advent of antibiotics, maternal mortality has dropped still further: in the United States, it fell from 6.7 deaths per thousand births in 1930 to 4.4 in 1938, 0.4 in 1956[20] and 0.03 in 1980.[21]

Mortality due to Caesarean section similarly fell from 12.1% in 1890-1900 to 4.4% in 1930-1939, and 0.02% in 1970-1979 in the United States.[22] Caesarean sections now account for 12.8% of total births in the United States. A woman was most likely to die in childbirth as a result of infection in the 1860s and 1930s, but due to toxemia in 1959.[23] Before the turn of the century in England, newborn and infant mortality rates were dismal: in 1875, one out of eight children died within the first year. Only after 1900 did this rate drop substantially, falling to 1 in 10 in 1910[24] and to 1 child in 50 in 1971.[25] Perinatal mortality rates in the United States fell from 40.5/1,000 live births to 28.0 between 1942 and 1964.[26] By 1980, perinatal mortality rates in the United States had decreased to 13.3[27]

The writings to be discussed in this paper show the implications of these impersonal statistics upon the lives of people living during the last one hundred years. The scenes the physician/authors describe set the act of childbirth into its intricate social milieu.

To put all this diverse evidence in perspective: during the time in which Schnitzler and Maugham lived out their youth and early adulthood, and the time when they were most involved in medicine, childbirth was still a risky proposition. Though there was a substantial fall in maternal mortality due to antisepsis after 1880, risk of maternal death in the 1920s was still an order of magnitude greater than it is today. Deaths due to septic abortion were

increasing rapidly. Caesarean section still had a high risk of mortality. Antibiotics were not yet discovered. By the time Williams and Selzer wrote, maternal mortality was substantially reduced, although Williams trained and practiced a good deal in the pre-antibiotic era. The pharmacopaeia of analgesics and anesthetics had expanded greatly, with new and safer means for relieving a woman's pain in labor. The enhanced ability of the later group of doctors to intervene favorably in childbirth may be one factor affecting these authors' depiction of the process in their literary writings.

Cultural Trends; Late Nineteenth, Early Twentieth Centuries

The moral atmosphere in which the physician/authors existed must also have had some effect on their view of childbirth. Although Williams was born only eleven years after Maugham, the two authors' works dealing with labor were written during different time periods. Maugham describes his experiences during his medical school training in the 1890s, while Williams primarily writes of his obstetrical practice in the 1930s. Schnitzler's work similarly belongs to the earlier time frame; his works on childbirth were written around the turn of the century. Selzer began publishing his works in the 1970s. Thus, it is safe to say that the works of Williams and Selzer were subject to 20th century effects, and those of Schnitzler and Maugham to pre-World War I, fin-de-siecle influences.

The society of Victorian Europe and America is generally believed to have been straightlaced, religious, suffocatingly moral and naive in matters of sexuality. As the historian Peter Gay writes in his book The Bourgeois Experience, this concept is "not wholly a fiction. . . . Many of Sigmund Freud's patients seemed to him irrefutable proof that the bourgeois culture of his time had excessively constrained the sexual impulse."[28]

Gay emphasizes that the Victorian Age, which he defines as the period between the early nineteenth century and the First World War, was a period not only of sexual repression but of great

confusion and ambivalence about sexuality. There were heated debates over the sexual responsiveness of the female, and the correctness and acceptability of various forms of contraception. New choices about sexuality conflicted with old values, causing a great deal of anxiety. The accepted standard of bourgeous life for a woman was to become a wife and bear many children, to be the humble servant of her husband. Sex was not to be had before marriage; neither was the woman to gain much enjoyment from it when she did become married. In short, she was to engage in it only for the sake of having children. It is this repressive conception of sexuality and womanhood which provided the background for the development of Freud's theories and has resulted in increasingly loud protestation by female liberation groups throughout the 20th century.

The Victorian age was one of secrecy. People did not speak about their sexual lives or problems. It was a time of profound ignorance about matters relating to sex. As Gay writes, the Victorian Age was characterized by a "cult of privacy" and "timidity in naming physical acts, let alone sexual relations, in public."[29] Members of the professions, including doctors, did little to disperse this cloud of ignorance. In fact, Gay says that "many physicians, clergymen, and teachers, with the physicians setting the style, closed their eyes to the sexual facts about them and invented, or exaggerated, threats to physical and mental health attendant on sexual indulgence."[30] The extent of ignorance about sex aroused extreme

anxiety around the turn of the century amongst educators, physicians, and even the clergy, and the first attempts at widespread sex-education were made.[31] Thus, in the 20th century, sex became something that could be talked about, scrutinized, and even analyzed scientifically (e.g., Kinsey; Masters and Johnson).

The impact of all this upon our discussion of the literary depiction of childbirth is as follows: middle-class society was struggling with the boundaries of sexual relations during the latter half of the nineteenth century. Sex was not yet detached, for the "respectable" woman, from the desire for pregnancy. Pregnancy out of wedlock was considered the ultimate disgrace, and childbirth provided a suitable literary arena for meting out punishment. Though illegitimate pregnancy had had a long and infamous history of stigmatization prior to the late nineteenth century, it was during that time that large numbers of women began to utilize effective means of terminating or preventing pregnancy, such as contraception and abortion.

Schnitzler and Maugham lived in the age when traditional values clashed most violently with new concepts of morality and the female role. These authors, as with other members of Victorian society, were attempting to understand the rules and limits of sexuality, and the problems arising when sex and love are divorced from both wedlock and the desire for children. Naturally, these issues had not disappeared by the time Williams and Selzer wrote. However, they were in a state of crisis during the fin-de-siecle era

of Schnitzler and Maugham.

Thus, two distinguishing cultural factors appear to separate late nineteenth century from post-World War I attitudes toward childbirth: first, a greater moral prohibition against non-pregnancy-directed sex, and second, greater secrecy about the body and particularly about sexual organs and functions.

PHYSICIAN/AUTHORS AND THEIR WORKS

Arthur Schnitzler

Arthur Schnitzler was born in 1862, the son of a prominent Viennese laryngologist, Josef Schnitzler. He grew up in a family of doctors: his father, maternal grandfather, brother and brother-in-law were all members of the profession. With such a background, it was a foregone conclusion that Schnitzler himself would become a doctor. However, he heard the call of literature at an early age. He began writing at the age of ten, and by the time he was eighteen, had completed twenty-three plays. According to Schnitzler's father, however, writing literature was not a suitable career for a youth of his social standing.[1] Thus, Schnitzler suffered many years as a result of paternal pressure to pursue medicine rather than his true love, literature.

Schnitzler trained for medicine in a desultory manner. In medical school, he spent as little time as possible studying or attending lectures, instead frequently billiard halls and cafes.[2] He attended the University of Vienna from 1879 to 1885, and after his completion, spent three years rotating through various clinics in an extended internship. His only obstetrical experiences were in medical school, where he trained under the famous Viennese obstetrician Spath, thirty-five years after Semmelweis himself worked the lying-in wards of the Vienna Hospital. Schnitzler eventually

specialized in laryngology, like his father. He was repelled by the surgical aspects of this specialty, as the following excerpt from his memoirs attests: ". . . it was internal medicine . . . which attracted me far more than surgery, toward which I felt a mixture of reticence and repugnance."[3] He was drawn ultimately to psychology, and conducted a number of studies on hypnosis and suggestion.[4]

The year of 1893 marked a turning point in Schnitzler's life, as a result of two crucial events: the death of his father, and the success of his first published drama, "Anatol". He had always lived in the disapproving shadow of his successful father. Even at the age of 31, he still worked in his father's clinic and lived in his father's house. Thus, the elder Schnitzler's death liberated Arthur at last to pursue the career he desired: writing. He quit his father's clinic, and though he continued to practice medicine, it was relatively unimportant in his life. After 1893, he devoted himself primarily to literature.[5]

Schnitzler is the prototype of the turn-of-the-century bourgeois mind seeking to understand the nature of human sexuality. His writing slices a piece out of middle class life in late-nineteenth century Vienna, recreating the disintegrating splendor of the final years of the Habsburg monarchy. Fin-de-siecle Vienna, home of Johannes Brahm, Hugo von Hoffmannsthal, Johann Strauss, Sigmund Freud, Hermann Bahr, Theodor Billroth and many others, is itself a subject worthy of extended study.

Schnitzler had a special interest in psychology. In fact, many of the recurrent themes in his literary works parallel the theories of Sigmund Freud. The similarity in their ideas led each of these men to call the other his "double".[6] As Schnitzler said, "I tread in literature the same path which Freud explores with amazing audacity in science."[7] Despite the similarities between their views on sexuality, love, and death, the two men never studied together, and actually met each other on only two occasions late in life.[8]

The novels, The Road to the Open[9] and Bertha Garlan[10] provide examples of Schnitzler's sensitive probing into the human mind. In these two novels, Schnitzler broaches the subject of childbirth.

Bertha Garlan is a novel about marriage, sex, missed chances, and the double standard. The novel's heroine, Bertha, is a thirty-year-old widow, living in a provincial town three hours by train from Vienna. We break into her thoughts on a day like any other, as she goes about her business in a detached, emotionless state. She appears content, and yet it is as if she were waiting for something to awaken her from dormancy. She had married a man much older than herself, Mathias Garland, after the death of her mother and father, primarily as a means of obtaining support and companionship. As she says:

> It was true that at the very outset of their married life she discovered that she felt no love for him. She just let him love her and put up with the fact, at first with a certain surprise at her own disillusionment and afterwards with indifference. It was not until she found that she was about to become a mother that she could bring herself to reciprocate his affection.[11]

Bertha gave birth to a boy, Felix, and "for the next two years, [she] felt completely happy."[13] Her husband died suddenly, leaving her with little means of support. During the next few years, she settled into the contented, though unexciting life, of the village piano teacher, remaining faithful to her husband despite their permanent separation.

As a young woman, Bertha had attended the music conservatoire in Vienna, and had fallen in love with a talented violinist, Emil Lindbach, who had returned her love for a time. However, her parents, stolid middle class citizens, had taken Bertha out of the conservatoire, fearing she might run off with the unreliable musician. Bertha's relationship with Emil had petered out for reasons she could not specifically put her finger on.

Perhaps, she thinks, he left her because of her prudishness. She remembers the time when she and Emil had walked together, and had passed by his house, beneath the window of his bedroom. He had remarked, "we should be there together." She had quickly rebuffed him. It was not that she did not want him; but respectable women did not engage in premarital sex. While filled with desire, her thoughts were also "occupied by the infinite yearning for motherhood which had often come over her when she was quite a young girl."[13] She had felt this most strongly on one occasion:

> This had happened one evening when Emil Lindbach had accompanied her home from the conservatoire, her hand clasped in his. She could still remember how her head had begun to swim, and that at one moment she had understood what the phrase meant which she had sometimes read in novels: 'he could have done with her just as he liked'.[14]

Thus, Bertha's adolescent physical desire for Emil was connected with her longing for children.

Twelve years after this incident, Bertha happens to see an article in the newspaper, announcing an upcoming performance by Emil. He had become a virtuoso violinist. The article evokes a rush of memories, released from their submersion in Bertha's subconscious mind. She becomes obsessed with the idea of seeing him, an obsession which is tied up with the secretive Vienna trips of an acquaintance, Anna Rupius. Frau Rupius is married to a paralytic man, and is a woman of somewhat stained reputation; many of the townspeople believe she is involved in an extramarital affair. Bertha refuses to believe this. She feels a special bond to the woman, as if she were in some sense Anna Rupius' pupil. She goes with her on one of her trips to Vienna, ostensibly to get fitted for a dress, but in reality to see Emil, though this is a wish incompletely expressed even to herself. She fails to encounter him on this trip, but later succeeds in setting up a meeting with him.

Schnitzler's mastery of psychological phenomena is revealed in the manner in which he enters the mind of Bertha Garlan. The reader hopes and prays with her for a reunion with Emil and suffers along with her episodes of anxiety and outright fear of the social

consequences of her actions. She ultimately does see Emil, at long length consummating the desire that she had buried for so many years. But now something is wrong with him; he is loving and passionate during their night together, but then seems eager to be rid of her afterwards. The next day he cancels his meeting with her, and she is left at loose ends in Vienna. She cannot understand. Wasn't she his beloved, perhaps even his betrothed? She returns to her home in a state of utmost ambivalence, ecstatic over her newfound intimacy, but terrified by Emil's apparently indecisive behavior.

Bertha feels she must go for help to a woman experienced in such things; Anna Rupius is the only one she can confide in. She finds Anna at the train station, on another of her trips to Vienna. Bertha tells her all about her love affair, how she feels that now she is really a woman. Anna's reaction is alarming; she is scornful, telling Bertha her behavior is naive. She says that all the "respectable" people in their village are really involved in the most scandalous relationships.

> There was a note of the deepest hatred in Frau Rupius' voice. Bertha was quite frightened. She had never thought it possible that Frau Rupius could have said such things.
>
> "Yes, why shouldn't you know what kind of men they are amongst whom you are living?" continued Frau Rupius. . . . Ah, my dear Frau Bertha, we are not by any means angels, as you know now from your own experiences, but men are infamous so long"-- she seemed to hesitate to complete the phrase--"so long as they are men."[15]

What Bertha did not know at that time was that Frau Rupius was on her way to have an abortion. Her husband was unable to have sexual relations due to his disability, and thus it was obvious that the child was not his. Upon Frau Rupius' return, she is very ill. When Bertha goes to visit her dying friend, the doctor covers up the true reason for Anna's illness, calling it "blood poisoning." Anna lies for days in her room, out of Bertha's sight, and thus out of sight also of the reader. Bertha is too naive to catch on to the true cause of her friend's illness, though somehow, somewhere in her mind, Anna's illness is tied up with her own affair with Emil: "If only she did not die, Bertha said to herself. And immediately the thought followed: if only a nice letter were to come from Emil!"[16]

Bertha does receive a letter from him, but it is not "nice". He says that she should not attempt to see him in Vienna, as he would be quite busy, and was soon going on tour, etc., but if she could arrange to come every four to six weeks or so, then perhaps they could make arrangements as previously. . . ? Bertha realizes that Emil wants her for one reason only, and she feels degraded, the more so because she knows that she had been no better than he. "Yes, she knew now; she had desired nothing more than the pleasures of the moment; she had been no better than a woman of the streets."[17]

Anna Rupius dies of sepsis, and finally, Bertha sees:

> All at once she understood everything, and a terrible fear ran through her whole being. She thought of herself. If in that night she also . . . in that one hour? So great was her terror that she believed she must be losing her reason. What had hitherto been scarcely more than a vague possibility floating through her mind now loomed suddenly before her, an indisputable certainty. It could not possibly be otherwise, the death of Anna was an omen, the pointing of the finger of God.[18]

Bertha now looks back upon her passionate hour with Emil with disgust and shame.

> Bertha divined what an enormous wrong had been wrought against the world in that the longing for pleasure is placed in woman just as in man; and that with women that longing is a sin, demanding expiation, if the yearning for pleasure is not at the same time a yearning for motherhood.[19]

We see in Schnitzler's novel the attempt to come to grips with female sexuality. He provides two examples of improper attempts at its expression which end in tragedy. In the marriage of Frau Rupius, there is a strong, spiritual love between Anna and her husband, but it is non-physical. In order to attain sexual satisfaction, Anna must go outside her marriage. However, in doing so, she engages in sex for its own sake, without the desire for either spiritual love or pregnancy. For this, she is punished by ignominious death in childbirth.

Bertha is bonded to Anna by a tie of common experience. She, too, is married to a man who can never fulfill her physically. She and her husband are separated by the ultimate barrier, death. Yet, even in this situation, Bertha's sense of propriety does not allow her to enjoy frivolous sexual relations. For her, sexual passion is base if not associated with a desire for children.

Schnitzler uses childbirth as a mechanism for punishment in this novel. Yet, his standards are not so stringent as Victorian codes of morality; so long as a woman desires a child, sex is acceptable. Neither does he take a strong, moralizing tone. He is attempting to point out a sad truth that exists in his world: women have few choices. They experience pleasure, in fact crave it just as much as men. But, unlike men, they cannot indulge in it without fear of consequences. Sex, for women, cannot be divorced from pregnancy without social and psychological repercussions.

In Bertha Garlan, Schnitzler does not dwell upon the actual childbirth scene, but explores moral, emotional, psychological phenomena surrounding it. This is a "closed door" childbirth story. When Anna begins to have a contraction, Bertha is told to leave the room. In his novel, The Road to the Open, Schnitzler spends more time dealing with the labor scene itself.

The Road to the Open is a semi-autobiographical novel.[20] In it, Schnitzler captures the essence of middle-class, fin-de-siecle Vienna, a world of apparent glitter and care-free splendor, with disturbing undercurrents of antisemitism and anxiety. He examines issues of responsibility and morality centered around the illegitimate pregnancy of the main character's mistress.

The novel's hero, Baron George von Wergenthin, is an aristocratic, talented, yet irresponsible youth. He plays the piano and composes music beautifully. Though his work has shown signs of brilliance, George has not yet applied himself sufficiently to create

anything of lasting value. Many consider him a dilettante. He has an affair with a respectable girl from a lower middle class family, Anna Rosner, and she becomes pregnant. George then falls victim to extreme ambivalence. At one moment, he senses that he is involved in one of the world's great wonders, the creation of new life with a beloved woman, but at another he feels trapped, unhappy, unready, and tempted toward new love.

George is inclined to disregard old-fashioned sentiments about unmarried pregnancy, believing himself too modern to worry about things such as "fallen women" and "sin". Yet, Anna's middle-class parents are not so glib. Anna's father, a kindly but ineffectual man, comes to speak with George about Anna's condition:

> "Well, I was horrified when my wife gave me this information. Indeed I was, Herr Baron . . . I never would have thought it of Anna . . . never thought it possible . . . it is . . . really dreadful . . ." He spoke all the time in his usual monotonous voice, though he shook his head more often than usual.
>
> George could not help looking all the time at his head with its thin yellow-grey hair, and felt nothing but a desolate boredom. "Really, Herr Rosner, the thing is not dreadful," he said at last. "If you know how much I .. . and how sincere my affection for Anna is, you would certainly be very far from thinking the thing dreadful."[21]

George is bewildered and upset by this conventional attitude. However, he finds that old customs die hard--though he takes himself to be a modern man, he has internalized these moral proscripts, and somehow feels deep within him that they are right. Anna, too, hopes that ultimately he will marry her.

George and Anna travel together for a time, then rent a

cottage in the outskirts of Vienna, where she will wait for the baby's birth. Even during the nine months of her pregnancy, George cannot remain faithful to her. He is swept away by the magnetic pull of desire, fleeing from the world of marriage and responsibility.

At length, Anna goes into labor. Her pains come, and continue for three awful days. George stands by waiting, tortured by his inability to help her. He experiences the terrible abyss which separates a human being who is suffering from one who is not. This breech cannot ever be crossed in the case of a man witnessing labor. It is around the pain of labor that much of the unbridgeable gap between man and woman revolves. The distance produced by pain is terrifying. George describes it as follows: "It was only since the pains had come upon her that she seemed removed from him to a sphere where he could not follow her. . . . Particularly when she screamed out--as she had this morning in her worst pains-- her soul was so far away from him that he felt frightened."[22]

Though in this scene the reader is admitted past the "closed door" of Victorian secrecy to hear the startling screams of a woman in labor, a new door becomes apparent, that separating a man from a woman. Though George sits with Anna during labor and holds her hand, he cannot go where she has gone. That way is closed for men.

Schnitzler describes the response of the doctor, who must learn to cope with witnessing this type of pain as a daily aspect of

his profession: "The Professor was a still fairly young man with a long blonde beard, and his words trickled gently and kindly like drops of some anodyne drug. He spoke to the sick woman like a child, stroked her over the hair and forehead, caressed her hands and gave her pet names. George had learned from the nurse that this young doctor exhibited the same devotion and same patience at every sick bed. What a profession!"[23] Anna's doctor evidently does not administer an anesthetic, an act which comforts caregiver as well as patient. He has only his own power of human kindness to offer as treatment, and so he has developed his professional compassion to an art.

Some idea of the burden of the doctor at that time is illustrated by another horrifying scene. Anna has finally delivered her baby, but it will not breathe. When George enters the house,

> . . .the Professor, in a long white linen apron, held a small creature in his arms and rocked it hurriedly to and fro. George stood still. The Professor nodded to him and went on undisturbed with what he was doing. He was examining the little creature in his arms with scrutinizing eyes, he put it on the table, over which a white linen cloth had been spread, made the child's limbs execute violent exercises, rubbed its breast and face, then lifted it high up several times in succession, and George always saw how the child's head drooped heavily on to its breast. Then the doctor put it on to the linen cloth, listened with his ear on its bosom, got up, put one hand on its little body and motioned gently with the other to George to approach.[24]

In this passage, we see the extent of the almost magical, ritualistic behavior to which a doctor, even a university professor, had to resort for fetal resuscitation. No other measures were available to him. Today, of course, Anna could have had a

Caesarean section at the first sign of fetal distress. Her baby died of a preventable cause--strangulation on the umbilical cord.

The death of George and Anna's baby brings up other issues concerning childbirth with which I have not yet dealt, revolving around the other participant in labor, the baby. The mysteries of life and death, questions about God and His mercy arise in the birth or death of a baby.

Schnitzler himself had a stillborn child with a beloved actress, Marie Reinhard, with whom he had a four-year relationship terminating in her death. This experience may have inspired his dolorous description of George and Anna's dead baby:

> George stood there motionless. He was gazing continually at the little creature, and it seemed to him a picture of undreamt-of beauty. He touched its checks, shoulders, arms, hands, fingers. How mysteriously complete it all was! And there it lay, having died without having lived, destined to go from one darkness into another, through a senseless nothingness. There it lay, the sweet tiny body which was ready for life and yet was unable to move. There they shone, those big blue eyes, as though with desire to drink in the light of heaven, and completely blind before they had seen a ray. And there was the small round mouth which was open as though with thirst, but yet could never drink at a mother's breast. There it gazed, that white childface with its perfect human features, which was never to receive or feel the kiss of a mother, the kiss of a father. How he loved this child! How he loved it, now that it was too late! [25]

The almost sickly, overly sentimental tone of this passage betrays George's less admirable lack of true feeling about the death of his baby. It appears as though he were trying to work himself up into a despair he does not experience, and his final words ring of hypocracy. He recovers rapidly from this trauma, returning to

his narcissistic ruminations about his future chances of success in work and in love. Nevertheless, aside from his personal response to the demise of his own admittedly unwanted child, he does recognize the profound and unremediable sadness of the death of any newborn baby.

How does one cope with a tragedy of this magnitude? Most of Schnitzler's contemporaries turned to God for the answer. "The Lord giveth and the Lord taketh away" was their comfort. But, what if one's belief in God were in question, as was the case with both Schnitzler[26] and his literary creation, George? The latter at first tries to find an explanation in science: the doctor tells him that one to two percent of pregnancies end in this way. That is the natural law. "As to why this accident should have taken place in this particular case, that, of course, the Professor had not been able to explain."[27] In fact, these statistical probabilities make George question God all the more: it appears to him that some indifferent force were playing dice with his fate. George tries to attach reason to the absurd event of a child's death by assigning the guilt to himself. He asks a friend: "Do you think it possible that an unborn child can die from one not longing for it to come, in the way one ought to- dying, as it were, of too little love?"[28]

Two important problems have become evident in the above discussion. One is the problem of medicine and science's inability to answer the question of why tragic, arbitrary things happen to people. With science, doctors can answer "how" but not "why".

This problem has grown increasingly pressing during the present century, as physicians have gained the ability in some cases to perform miraculous cures. Particularly in the mid-twentieth century, patients began to invest their doctors with almost god-like powers. Many turned their faith toward science and medicine. However, tragedies still occur, death must inevitably come, and doctors still have no answer for this. The consciousness that scientific medicine does not and cannot go far enough in dealing with the problems of human suffering is present in others of the works we will discuss.

The second problem arising in George's attempt to comprehend why his child was born dead is relevant more to specific issues of his time than to universal problems. As in Bertha Garlan, Schnitzler explores the relationship of sex to the desire for pregnancy. Because George does not want a child when he impregnates Anna, his baby is born dead. Schnitzler again uses childbirth as a form of punishment for engaging in sex without desire for a child. But this time his main character is a man, and at the end, George is free. He never marries Anna, but leaves her several months after their ordeal. Schnitzler himself shows a double standard in his literary dealings with sex. Anna Rosner, Frau Rupius, and Bertha Garlan are chained to marriage not only by societal expectations but also by their own internal desires, while men such as George von Wergenthin and Emil Lindbach can remain free from the obligations of sex. Because they are men, the social and psychological consequences of premarital or illicit sex

are much smaller than those for a woman.

Schnitzler somehow manages to convey the impression that, despite George's appalling infidelity, despite his calloused desertion of Anna, he has acted correctly. This is because he has acted in accordance with his own true sense of right and wrong. According to society, it would have been correct for him to marry Anna. Yet, George knows that this would be wrong, both for himself and for Anna. It would condemn them to a life of unhappiness in a constricting union. Schnitzler devotes his art to presenting the utter unsolubility of the problem of marriage. It is the only thing which a woman's true nature desires, yet it brings her pain. And a man, too, would like children and motherly love, yet he needs freedom.

Thus, we have seen that Schnitzler deals with both topical issues, such as the institution of marriage and the relationship of sex to pregnancy, and universal ones, such as the immutable difference between man and woman, and the relationship of medicine and science to God. In both Bertha Garlan and The Road to the Open, he uses childbirth as a device for punishment. Yet, in The Road to the Open, he also deals with the act of childbirth itself, describing artistically events and problems arising during labor, independent of cultural considerations. Finally, he shows us

the late-nineteenth-century physician's experience of labor, indicating that in childbirth, his interventions were still quite ineffectual.

William Somerset Maugham

Somerset Maugham, like Arthur Schnitzler, was more of an "author" than a "doctor"; he quit medicine as soon as he graduated from medical school, devoting the remainder of his long life to writing. However, even his brief exposure to medicine greatly affected his writing. As he said in his book The Summing Up: "I do not know a better training for a writer than to spend some years in the medical profession."[1] It was on the wards and in the outpatient department of St. Thomas' Hospital that he gained the experience that so greatly aided his writing: "For here I was in contact with what I most wanted, life in the raw . . . I saw how men died, I saw how they bore pain. I saw what hope looked like, fear and relief; I saw the dark lines that despair drew on a face; I saw courage and steadfastness."[2]

Maugham was born at the British Embassy in Paris in 1872, the son of an English lawyer, and a young, literate mother (a couple known as "beauty and the beast" in Paris social circles[3]). He attended St. Thomas' Medical School from 1892-1897, never intending to practice medicine. As he said, "I did not want to be a doctor. I did not want to be anything but a writer, but I was much too shy to say so. . . ."[4]

The medical school experience which contributed most concretely to Maugham's literary career was his time spent attending labor and delivery. Events he witnessed then provided inspiration

for two of his novels, Liza of Lambeth[5] and Of Human Bondage.[6] His patients were the poor women of the Lambeth slums. As he wrote later, "I had to attend a certain number of confinements to get a certificate and this meant going into the slums of Lambeth, often into foul courts that the police hesitated to enter, but in which my black bag amply protected me; I found the work absorbing."[7] During the three weeks he was on obstetrics duty, he attended 63 deliveries. Later in life, he like to tell his friends that he was a "certified midwife".[8]

The novel Liza of Lambeth is short, but touching in its simplicity and honesty. The plot follows a straight line from beginning to end, starting with the creation of the lively, innocent Liza, and continuing with the inexorable force of tragedy to its sad conclusion. Critics have called it a "little masterpiece,"[9] while Maugham was always modest in his claims. "I described without addition or exaggeration the people I had met in the outpatient's department at the hospital and in the district during my service as an obstetric clerk . . . my lack of imagination . . . obliged me to set down quite straightforwardly what I had seen with my own eyes and heard with my own ears. Such success as the book had was due to a lucky chance."[10]

The book concerns Liza Kemp, an eighteen-year-old factory worker, with the rambunctiousness and curiosity of a child. The inhabitants of her slum neighborhood love her because she sparks vivacity into their tired lives. The story evolves along tragic lines

as she enters into a hopeless love affair with a married man, Jim Blackwell, and becomes pregnant. She rejects the marriage proposal of the well-meaning but uninteresting youth, Tom. She and Jim maintain the pathetic hope that the neighborhood does not know of their affair, yet it soon becomes blatantly obvious that they do, and they consider Liza a fallen woman. Finally, she is forced into a confrontation with her lover's wife, who challenges her to a street fight. Liza receives a terrible beating, and has a miscarriage with septic complications.

In the scene describing Liza's miscarriage, there occurs a memorable conversation between Liza's mother and the midwife. As Liza lies in bed, the life seeping out of her, the two older women converse happily as if nothing untoward were happening. They seem to be oblivious to the atmosphere of the room. Their morbid conversation is best illustrated in the following excerpt:

> They all remained silent: Liza lying stiller than ever, her breast unmoved by the feeble respiration, Jim looking at her very mournfully; the doctor grave, with his fingers on the pulse. The two women looked at Jim.
>
> "Fancy it being' 'im!" said Mrs. Kemp. "Strike me lucky ain't 'e a sight!"
>
> "You 'ave got 'er insured, Mrs. Kemp?" asked the midwife. She could bear the silence no longer.
>
> "Trust me fer that!" replied the good lady. "I've 'ad 'er insured ever since she was born. Why, only the other dy I was sayin' to myself that all thet money 'ad been wisted, but you see it wasn't; yer never know yer luck, yer see!"[11]

The two women continue this conversation, touching on such subjects as the relative value of "hoak" vs. "helm" as material for a coffin, and the pros and cons of the various undertakers in the

neighborhood. Mrs. Kemp describes the morbidly funny scene in which she and two men had to kneel on the lid of her husband's coffin in order to close it, as he was so swollen up with "dropsy". Then, "a heaviness seemed to fill the air like a grey blight, cold and suffocating, and the heaviness was death. . . ."[12] The women begin weeping silently.

The outrageously insensitive and morbid conversation of the two women invokes the reader's anger and disgust. One expects sympathy from them and perhaps even a profound statement or two. However, this expectation is unreasonable. These are not profound women, but merely ordinary people, accustomed to an environment in which death is a commonplace occurrence. Their lives are filled with the perishing of loved ones. As the midwife complains: "this mikes the second death I've 'ad in the last ten days -- women, I mean, of course, I don't count bibies."[13] The conversation between the midwife and Liza's mother shows what it is like to have death a frequent though unwelcome visitor. It is quite natural for them to discuss the concrete details of activities associated with death, such as building a coffin and finding an undertaker. In addition, talking about mundane things helps them through a difficult time. Later, they do reveal "appropriate" emotions when death actually appears in the room.

Thus, Liza of Lambeth is Maugham's attempt to paint an accurate picture of lower-class English society. We see that high maternal and fetal mortality have left an indelible mark upon the

lives of the slum inhabitants. The people have grown accustomed to the presence of death.

Even in the slums, however, adultery is unacceptable. Maugham resorts to the same technique as Schnitzler; he uses death in childbirth as a punishment for wrongdoing.

In Maugham's semi-autobiographical novel, Of Human Bondage, he further describes the conditions of slum life. Like Maugham, the main character, Philip Carey, has a sad childhood. He loses both his mother and father at an early age and has to live with an overbearing uncle and his timid, childless wife. Life is sufficiently hard on Philip that he eventually concludes there is no God and that life is meaningless. Curiously, this conclusion brings him comfort: "for if life was meaningless, the world was robbed of its cruelty."[14] Philip decides that the only purpose of life is to make of it a pattern, a work of art, for the sheer joy of doing so. As a Persian rug gives pleasure merely in contemplation of its design, so the warp and weft of life, woven of many strands including joy, sorrow, pleasure, and pain, could have its own beauty against a background of meaninglessness.

Philip, like Maugham, attends medical school in London. The obstetrical experiences described in Of Human Bondage closely approximate those of Maugham himself.[15] For the first time among the works we have discussed, the reader can see childbirth from the doctor's perspective.

In Of Human Bondage, Maugham picks up his description of the

Lambeth slums where he left off in Liza of Lambeth. "The people who dwelt here lived from hand to mouth. Babies were unwelcome, the man received them with surly anger, the mother with despair; it was one more mouth to feed and there was little enough wherewith to feed those already there. Philip often discerned the wish that the child might be born dead or might die quickly."[16] In one case, a patient, upon being told that she has delivered twins, "burst into a long, shrill wail of misery."[17] Philip "felt in the family assembled there a hideous resentment against those poor atoms who had come into the world unwished for, and he had a suspicion that if he did not speak firmly, an 'accident' would occur."[18]

Despite his participation in 63 deliveries, Maugham felt compelled to describe only those cases in which some tragedy occurred. He relates one particularly wrenching story of a young couple having their first baby, forced to marry due to the woman's pregnancy. The woman was no more than eighteen, and beautiful, with "delicate features and large blue eyes, and a mass of dark hair. . . ."[19] The delivery proceeds well until after the birth of the baby, when things start to go awry. The woman's pulse grows weak, and she dies as a result of hemorrhage. When Philip tells her husband, he stands with pale face and gray lips, gazing at his wife. "He reminded you of a dog whipped from something he did not know was wrong."[20]

Philip leaves the house, but cannot forget the image of the "dead girl lying on the bed, wan and white, and the boy who stood

at the end of it like a stricken beast."[21] He is outraged and devastated at the injustice of it, but eventually concludes that it is better this way. He thinks of the life she had in store for her, the endless bearing of children, back-breaking work, and the losing fight with poverty. "Who could pity her because she had died when life offered so little?"[22]

Thus, we see here the very different meaning of childbearing amongst the poor of the last century. It was a burden, an unavoidable, irremediable sequal to sex. Evidently, the people were unaware of or chose not to use contraception (which by now comprised devices using Goodyear's invention, vulcanized rubber[23]). The horde of children borne by a woman not only wracked her body but dragged the family into poverty.

Maugham describes little of his participation as a doctor in these obstetrical visits, saying only that his patients liked him because "he was kind, and he had gentle hands, and he did not lose his temper. They were pleased because he was not above drinking a cup of tea with them. . . ."[24] The behavior of the senior obstetric clerk (S.O.C.) whom Philip had to call in for help in the case just described, is illuminating. The S.O.C. arrives just as the woman is dying and speaks to her husband as follows:

> " . . .there's internal bleeding. It's impossible to stop it." The S.O.C. hesitated a moment, and because it was a painful thing to say, forced his voice to become brusque. "She's dying."
>
> The man did not say a word; he stopped quite still, looking at his wife, who lay, pale and unconscious, on the bed. It was the midwife who spoke.

"The gentlemen 'ave done all they could, 'Arry," she said. "I saw what was coming from the first."
"Shut up," said (the S.O.C.).[25]

This interchange gives some idea of the attitude and permissible behavior of doctors toward midwives. In addition, the doctor is awkward and brusque with his patient. He has reacted to his experience among the poor and suffering by becoming crotchety and distant. Later, upon leaving the house of the dead woman and the bereaved husband, the S.O.C. says to Philip: "It upsets one a bit at first, doesn't it?"[26] His question implies that the sorrowful events he witnesses no longer "upset" him as they used to.

In comparing the reaction of the S.O.C. to that of the doctor in The Road to the Open, we see that the physician's response to pain and suffering is highly personal. In Schnitzler's book, the doctor has developed a sense of professional compassion, while here, the S.O.C. retreats behind a screen of irritability and aloofness.

The ability to immerse oneself in the suffering of others and remain compassionate, while at the same time maintaining one's own joy of living, is an art. Philip, a medical student, feels this for the first time upon leaving the death chamber of the young woman. He thinks about the injustice of her death and cannot wipe the image of her dead body from his eyes. But all at once, he notices the dawn as it illuminates the houses along the Thames, bathing everything in a pink, sharply-defining light, and he is "overwhelmed by the beauty of the world. Besides that, nothing seemed to matter."[27] He learns that a doctor should not and cannot avoid

feeling the joy of life just because he works amid suffering and death.

Maugham's writings on childbirth are similar to Schnitzler's in several respects. They describe problems unique to the era, that is, high maternal and neonatal mortality, lack of control over pregnancy, and moral standards which proscribe premarital sex. Both Schnitzler and Maugham use childbirth as a literary device for punishment. In Liza of Lambeth, Liza dies as a result of adultery.

Both authors are sketchy in details about the labor itself. They do not mention anatomical parts or refer to the presence of blood or mess. The most they do is to allude to the pain of contractions, in Schnitzler's case, and to the chills associated with sepsis in Maugham's. The actions performed by the doctors are similarly left to the imagination. We know only that they occasionally take a pulse; whether cervical exams, at the least, were performed is unknown.

In Of Human Bondage, Maugham departs from the use of childbirth as punishment. He merely describes conditions as he saw them. The squalor, hopelessness, and injustice of the poor people's plight meshes with the theme of the novel: suffering is arbitrary, God does not exist, and life is meaningless. Unlike Schnitzler's character, George von Wergenthin, Philip finds comfort in a disbelief in God: "he was thankful not to have to believe in God, for then such a condition of things would be intolerable; one could reconcile oneself to existence only because it was meaningless."[28] George,

on the other hand, fails to resolve the question of God to his satisfaction. He has never believed in the God of organized religion, but even his faith in a supreme being, a "Nameless One"[29] is shaken. He cannot ascribe arbitrary suffering to meaninglessness, as Philip does, but continues to search for the cause of his misfortune. His final, though unsatisfying, conclusion is that there is some metaphysical link between his guilt in producing an unwanted baby and the baby's death.

Maugham himself was a victim of the maternal risks of pregnancy existing before the present century. His own mother died due to complications of labor when he was only seven. Maugham felt the pain of that loss for many years.[30] In his early writing career, he returned frequently to the topic of childbirth, particularly to the subject of the young, beautiful woman dying tragically in labor.[31] He believed that his writing "unburdened him" of painful memories. After Of Human Bondage, he no longer wrote about childbirth. He said he was "free forever from those pains and unhappy recollections."[32] His writing had healed him of a deep and longstanding wound.

William Carlos Williams

More than any other physician/writer, William Carlos Williams (WCW) deserves the dual title. He devoted his life equally to the two careers, living virtually two lives within one. He was born in Rutherford, New Jersey in 1883, and attended medical school at the University of Pennsylvania, graduating in 1906.

He first recognized his passionate love for poetry in medical school, but decided nevertheless to continue his training as a physician. "I could continue medicine, for I was determined to be a poet; only medicine, a job I enjoyed, would make it possible for me to live and write as I wanted to . . . I would not court disease, live in the slums for the sake of art, give lice a holiday. I would not 'die for art', but live for it, grimly! and work, work, work . . .beat the game and be free to write, write, write . . .for the sheer drunkenness of it. . . ."[1]

In medical school, WCW began his lifelong commitment to the work of medicine and art. And it was work. His days were full. He had to grab whatever time he could, rising early in the morning and staying up late at night, jotting scraps of poetry down in his notebook as he went about his housecalls, trying in whatever way possible to sandwich his writing into his busy day as a general practitioner.[2] When asked late in life how he had time and interest for both careers, he replied that "they amount for me to nearly the same thing."[3]

For WCW, medicine and poetry both involved humanity, in its physical and spiritual forms. Body and spirit were the same to him--one was inseparable from the other. Williams' poetry is a celebration of the physical world. And his medicine was concerned not only with the body, but with the person. Medicine brought him closer to the physicality of man, and in this way he gained access to "the secret gardens of the self."[4]

Williams did his internship in New York City, at the French Hospital and at the Nursery and Child's Hospital. There, he treated the indigent population of "Hell's Kitchen", receiving a trial by fire in the practice of obstetrics. "During my time there I delivered 300 babies and faced every complication that could be thought of."[5] With a bluntness and humor absent in the works of Maugham or Schnitzler, he describes in his autobiography some of the events he witnessed there: one "colored gal from the Bahamas" went into the bathroom and delivered her baby on the toilet, running the water until it flooded the bathroom, and next day depositing her baby under a park bench wrapped in newspaper. Another girl was brought in by her mother to find out why her "belly was so big," and fought Williams' examination tooth and nail, finally escaping, running out the door and down the street in her underwear.[6]

Throughout his busy career, Williams delivered close to one thousand babies. He practiced during the rise and fall of home delivery by general practitioners. In the United States, the number

of home deliveries fell from 63% in 1935 to 6% in 1955.[7] In addition, by 1967, the majority of deliveries were attended by specialists in obstetrics.[8] In his works dealing with childbirth, Williams recreates this era of home delivery, a chapter in obstetrical history which is now closed.

One aspect of Williams' writings about childbirth which immediately distinguishes them from turn-of-the-century works is the ordinariness of their subject matter. He writes not only about tragedy, but about normal birth. An example of this is found in his short narrative, "A Night in June."

In this story, Williams describes a nocturnal obstetrical visit to a patient who is in the process of delivering her ninth baby. As he waits in the woman's kitchen for the arrival of the baby, he finds a strange comfort in his situation:

> I crossed my legs, crossed my bare arms in my lap also and let my head fall forward. I must have slept, for when I opened my eyes again, both my legs and my arms were somewhat numb. I felt deliciously relaxed though . . .bewildered. I must have snored, waking myself with a start. Everything was quiet as before. The peace of the room was unchanged, delicious.[9]

It is particularly the healthy functioning of the human animal that Williams finds comforting: "This woman in her present condition would have seemed repulsive to me ten years ago-- now, poor soul, I see her to be as clean as a cow that calves. The flesh of my arm lay against the flesh of her knee gratefully. It was I who was being comforted and soothed."[10] He has seen enough sickness and suffering. He now finds pleasure in health, in the side

of medicine that brings him into intimate contact with human beings.

In addition to dealing with normal deliveries, Williams' work is distinguished from that of Maugham and Schnitzler by its descriptiveness of the birth process itself. In particular, he does not sidestep those details which disgust or revolt. The following scene from his autobiography would raise a few Victorian eyebrows:

> Then it began. First she would grow restless, then "Here it comes again" she yelled, sweating and straining like an ox trying to pull a cart out of the mud where it had been stuck to the hubs. She screamed and cursed and labored.[11]

Finally, the birth of the infant imminent, the obese mother "parted her heavy thighs like-- there's nothing like it unless you've seen it . . .a terrific contracting occurred, and before we could do anything, a male infant, all tangled up in the cord and screaming as if we'd stuck him lay in the muck hole in front of the mother's buttocks- there's no other way to say it."[12] The gargantuan woman went on to deliver twins.

Williams describes here the insult endured by the senses in the delivery room. The doctor cannot avert his eyes--he must watch every bit. Even when the baby appears, it can look like a lump of slimy flesh, a huge tumor. It is with the first cry that the miracle occurs; blood and mucus on its face, the lump becomes a little life. Its presence reminds us of our liquid, biological nature.

Maugham and Schnitzler avoid the vulgar, physical aspects of labor, focusing on more abstract concepts associated with it, including issues such as morality, responsibility, and punishment.

Williams is concerned with the physical. There is no element of punishment or question of morality. Maugham's childbirth scenes in Of Human Bondage are more akin to this--he no longer uses childbirth as punishment, but merely describes slum life. His description does not extend to the actual process of delivery, however.

Unlike Maugham and Schnitzler, Williams' works on childbirth betray an unabashed, unselfconscious sexuality. They are a celebration of the woman's body, not as a mystical, mysterious thing, but as a concrete, fleshy, biological object.

> Here's to the baby,
> may it thrive!
> Here's to the labia
> that rive
>
> to give it place
> in a stubborn world.
> And here's to the peak
> from which the seed was hurled! [13]

Like the two late-nineteenth century physician/authors, Williams acknowledges the irreducible difference between men and women. Yet, the two earlier writers focus on the negative aspects of womanhood, that is, the pain associated with childbirth, the slavery of childbearing, and the moral standards which condemn women for indulging in sex while sparing men. Williams, however, acknowledges an element of envy, and even of awe for the woman's power to gestate and deliver new life. Her childbearing potential is looked upon with reverence, rather than pity:

After a while
I was able
to extract the shoulders
one at a time
a tight fit.
Madonna!
13 1/2 pounds!
Not a man among us
can have equaled
that.[14]

In addition to seeing the difference between man and woman in a positive light, this poem also illustrates Williams' search for beauty amongst the mundane, physical workings of human beings. This desire is illustrated in the following excerpt from a letter to his mother: ". . . there is still a part of me that yearns for the unknown perfection-- not a religious, heavenly perfection but a full-blooded earthly perfection that is fragile as all life is and as sweet."[15] Williams finds perfection in the sweating, straining, animal-like woman of "The Birth". She is a "Madonna", not an ethereal, spiritual being, but a woman of flesh and blood. That he calls her by this name reminds us that Mary, too, had to deliver Christ in this messy, sweaty way. In short, he shows that there is perfection in the fleshy and the mundane.

Like Schnitzler, Williams was also compelled to deal with the tragedy of death in a baby. His poem, "Dead Baby"[16], articulates this problem:

Sweep the house
  under the feet of the curious
  holiday seekers-
sweep under the table and the bed
  the baby is dead-

The mother's eyes where she sits
  by the window, unconsoled-
have purple bags under them
  the father-
tall, wellspoken, pitiful
  is the abler of these two-

Sweep the house clean
  here is one who has gone up
  (though problematically)
to heaven, blindly
  by force of the facts-
a clean sweep
  is the only way of expressing it-

Hurry up! any minute
  they will be bringing it
  from the hospital-
a white model of our lives
  a curiosity-
  surrounded by fresh flowers

The poem expresses two issues brought up in the death of a baby: the sadness and loss of its survivors, and the death of one who has never lived. The death of a baby is one of the most profound sorrows a mother can experience. The love she has for her unborn fetus is irrational, unconscious, based on an instinct as old as pregnancy itself. When a baby dies, a mother feels not only grief but devastation. This state bordering on paralysis is described by Williams- "The mother's eyes where she sits/by the window, unconsoled-/have purple bags under them". By contrast, the father is grieved, he is "pitiful", but he is still "able". Only the mother has felt the life of the little one within her, suffered

the pains of labor. The father is sad about his wife's misery, about the loss of an anticipated pleasure; but he does not feel the vacuum of a loss of a part of his own body. Thus, the different manner in which the mother and father react to the death of a baby is one further way in which a man is forever differentiated from a woman.

Both mother and father feel the need to sweep the house clean, sweep out all memory of the life that should have been. Furthermore, now that their baby has become physical matter itself, they think to clean their house of its presence by sweeping. But, like Lady Macbeth, who believes that "All the perfumes of Arabia"[17] cannot cleanse the smell of blood from her hands, the baby's parents can never clean the death out of their house, regardless of the intensity of their frantic sweeping. They can make themselves presentable on the surface to friends and relatives, but there will always be corners of their minds that they have overlooked in their sweeping.

Considered independently of the sadness of loss, the death of a baby, as we have seen, raises profound questions about life and death in general. First, why would God go to the trouble of making a new human being if he were never going to permit it to live? Where is God's wisdom and mercy in this action? Second, what <u>is</u> the soul of a baby? It must be pure and free from corruption at birth; it has not had an opportunity to sin. It is to this which Williams refers when he says the baby has gone up "problematically" to heaven. Third, what is the meaning of birth,

life and death? The baby's body is a "white model of our lives" because the entire cycle of life is represented in its body-- both birth and death, both beginning and end. It provokes a "curiosity" of the most profound sort.

Not only the death of a baby, but its birth also is the source of great wonderment. The act of birth represents the point at which the vital force of life begins its struggle against the opposing force of death. In his poem, "Spring and All,"[18] Williams writes of this:

> By the road to the contagious hospital
> under the surge of the blue
> mottled clouds driven from the
> northeast- a cold wind. Beyond, the
> waste of broad, muddy fields
> brown with dried weeds, standing and fallen
>
> patches of standing water
> the scattering of tall trees
>
> All along the road the reddish
> purplish, forked, upstanding, twiggy
> stuff of bushes and small trees
> with dead brown leaves under them
> leafless vines-
>
> lifeless in appearance, sluggish
> dazed spring approaches
>
> They enter the new world naked
> cold, uncertain of all
> save that they enter. All about them
> the cold familiar wind-
>
> Now the grass, tomorrow
> the stiff curl of wildcarrot leaf
> One by one objects are defined-
> It quickens: clarity, outline of leaf
>
> But now the stark dignity of
> entrance- still, the profound change
> has come upon them: rooted, they
> grip down and begin to awaken

In the poem, life is seen as an entity which must struggle against these forces which seek to dissolve it. Death is the "cold wind", "driven from the northeast". It is represented in the "dried weeds, standing and fallen", and the "dead brown leaves" and "lifeless vines". Into the compost of now decaying matter, life pushes its way, fragile, determined, dignified: "the reddish/purplish, forked, upstanding, twiggy/stuff of bushes and small trees". Life is the biological stuff which emerges from the disorder of decay-- it is the "profound change" which is wrought on dry and meaningless material. Life must wage a battle against the force of entropy which seeks to reduce it to dead matter. Life is "upstanding". It must "grip down" into lifeless substance to survive. The "cold familiar wind" is death, dissolution, familiar because the matter of which new life is made has been through the cycle countless times.

Although Williams writes of items in a landscape, he is really speaking of the process of birth.[19] He describes the growing bushes as "reddish, purplish", like the body of the newborn baby as it emerges from the womb. The "broad, muddy fields" of the first stanza also evoke an image of the gushy mixture of blood, urine, amniotic fluid and feces in another type of "field", the delivery table between the laboring woman's legs. Into this area of human waste, the baby "enter[s] the world naked", "cold", and "uncertain".

Though Williams is writing about birth, he does not describe how it appears to the eyes, but rather how it is perceived by the mind. He depicts the actual essence of birth, as a force opposing annihilation. This is a fleeting image of life. It has appeared before the poet for an instant; he has grabbed it and captured it on paper. It is this creative process to which Williams refers in his autobiography: "just here, the thing, in all its greatest beauty, may for a moment be freed to fly . . . guiltily about the room. In illness, in the permission I as a physician have had to be present at deaths and births. . .just there--for a split second--from one side or the other it has fluttered before me for a moment, a phrase which I quickly write down on anything at hand. . . ."[20] It is significant that the narrator in "Spring and All" walks along the road to a hospital. Williams himself follows this road--it is his life as a doctor which stretches away from him to the contagious hospital. He is a poet walking along a doctor's road--always open to the poem living secretly behind the lives of his patients. He catches glimpses of things as he passes, and writes them down in the form of poetry, trying to capture the underlying meaning, the essence of what he has seen.

Williams' works on childbirth thus range from the graphically descriptive to the symbolic. They illustrate how the mind of the poet functioned--ever poised, pen in hand, awaiting the times when everyday experience would reveal its profound secrets.

The stories and poems of WCW concerning labor and delivery

differ from those of Maugham and Schnitzler in several respects. First, he describes the anatomical and the disgusting. Second, he includes both the normal and the abnormal birth in his writings. Third, he expresses sexuality freely, uncloaked by issues of morality. However, several themes appear in the works of all three authors, including the acknowledgement of the unbridgeable gap between man and woman, and the questioning of established religious beliefs. For Williams, the problem with religion revolves around its emphasis on spirituality; this negates the importance of the physical. For Maugham and Schnitzler, religion does not adequately explain arbitrary justice.

There is in Williams' work the presence of a strictly twentieth century theme, which has to do with the problem of medical technology. In the story, "A Night in June", during his reverie in the kitchen while he waits for the patient's labor to progress, he muses on the direction of medicine:

> Then I fell asleep and, in my half sleep began to argue with myself- or some imaginary power- of science and humanity. Our exaggerated ways will have to pull in their horns, I said. We've learned from one teacher and neglected another. Now that I'm older, I'm finding the older school.
>
> The pituitary extract and other simple devices represent science. Science, I dreamed, has crowded the stage more than is necessary. The process of selection will simplify the application. It touches us too crudely now, all newness is over-complex. . . .[21]

Here, Williams brings up a problem which has only grown more difficult over time. Unfortunately, the "process of selection" has not "simplified the application". New tests, procedures, and operations have continued to crowd humanity, making it ever more difficult to keep the patient in sight. This theme is picked up and elaborated upon by the last of the doctor/writers to be considered in this paper, Richard Selzer.

Richard Selzer

The only surgeon among the authors discussed in this paper, Richard Selzer was born in Troy, New York in 1928, the son of a general practitioner, Julius Louis Selzer. He attended medical school at Albany Medical College, and completed his residency in general surgery at Yale University. It was not until he reached his fifth decade that he began to escape from the demands of surgery into creative art.

Selzer's first attempts at writing consisted of horror stories. However, he soon ventured into his characteristic poetic essays dealing with the world of the doctor and the wonders and terrors of the human body in health and disease. His writing reveals a heretofore secret land to the layman, comprising not only the operating room, but the inside of the body itself. He does not abandon the language of his profession, but brings it with him into literature, seeking to introduce others to its beauty and to dispel its mystery. His writings share with everyone the closely-guarded secrets of the profession, providing access to the citadel of technological medicine. To the often-asked question: why would a surgeon write?, Selzer replies, "I think it is because I wish to be a doctor."[1] He writes because he wishes not only to cure but to heal.

Though a general surgeon, Selzer had a good deal of exposure to obstetrics. In his third year of medical school, he spent six

weeks on an obstetrics rotation at a Catholic lying-in hospital run by a "maniacal, alcoholic Irishman". He delivered close to a dozen babies. During his fourth year, in order to provide for his room and board, he worked as an extern in a slum hospital at which there were no housestaff. Thus, he was often sole attendant at "normal" deliveries. During this time, he had an experience which greatly influenced his attitude toward obstetrics for the remainder of his life. In the middle of the night, one of his patients had a massive hemorrhage. Terrified, he sent for the obstetrician-on-call. The latter was not overjoyed with his midnight summons and rudely pushed the young medical student out of the way upon his arrival. The woman did not die, but Selzer felt the episode to have been a "glimpse into Hell", and it instilled in him great fear and respect for obstetrics.

In 1955, at the age of 26, Selzer was sent under the doctor's draft to Korea. He had been married only five days when he left and was then separated from his new wife for a period of a year and a half. The army posted him in rural Korea, and there he received a rude awakening to primitive medicine. In his capacity as general practitioner for the area, he had to provide obstetrical care in addition to his other duties. He generally saw only complicated cases because traditional midwives took care of normal deliveries. He soon learned that the medicine he had been taught in the United States clashed greatly with that practiced in Korea. The women remained clothed during delivery, kneeling on all fours.

His first patient would not get onto the delivery table, and Selzer had to crouch down behind her on the floor, reaching blindly beneath her gown in the manner of the European man-midwives of the 16th and 17th centuries. Eventually, the need to see what was happening forced him to insist that his patients lie on the delivery table. He was never able to overcome the guilt he felt in imposing his own culture upon the Korean women.

Selzer was further educated about the difference between the two cultures by the delivery of a pair of twins. He perceived their birth as cause for celebration, but when he looked at the face of the mother, he saw that she regarded the infants with a terrible expression. The father, too, appeared strange when he heard the news. The next day, on his rounds through the village, Selzer found that the couple had killed the children. Korean culture dictated that multiple births were a source of disgrace; only animals bore litters.

Selzer's short story, "Korea,"[2] concerns the work of the fictional character, Dr. Sloane, in a rural military outpost in Korea. Sloane has a love affair with a young Korean girl, Shin Young Hae, whom he has been treating for tuberculosis. Sloane himself is beset by malaria and dysentery.

Sloane's relationship with Shin is based on a transgression of a basic taboo for a doctor: the sanctity of the doctor/patient relationship. He touches her as a woman when she comes to him as a patient. Then, he goes on to use her for his own needs, knowing

that his passion hastens her illness. Furthermore, he senses that his love for her is primitive, and he, a civilized man, finds both pleasure and guilt in their union. Shin accepts his passion as she accepts everything, including suffering and death.

Throughout the story, Sloane moves amidst a culture he does not understand, trying to apply his own concepts of morality and reality in a world where they do not apply. It is a complex culture in many ways, with ages of tradition and legend about which he, a Western man, has no concept. He is swept up at one point in the ritual of a rock fight, responding to a primitive urge to hurl things at other humans, struck by a momentary "blinding ray of light" from a mysterious, sacred force.[3] When he comes to himself, he finds that he has battered the face of a faithful assistant, and as a civilized man, he is revolted, ashamed. He retreats to his expression of civilization, medicine. With sorrow and guilt, he repairs the boy's face. No action in society is without consequences, he finds, as the boy's two missing front teeth forever remind him.

The story is intentionally laden with grotesque gravid images foreshadowing the pregnancy of Sloane's Korean mistress. The first such image appears in the description of a Korean woman with a giant goiter, whom Sloane "delivers" of her tumor, cradling it at the moment of removal "like the heart of a saint".[4] Some days later, a woman comes into the hospital "thin as a finger save for her enormous abdomen, waddling into the examining room. She

attempted to bow, basing her feet apart, supporting the great belly with two hands underslinging its mass, and bent forward. One more millimeter would surely have changed her center of gravity, causing her to fall forward".[5] Again, he performs a delivery, drawing two gallons of fluid from her ascitic belly.

Later in the story, Sloane comes upon a revolting scene. A dog is lashed between two poles. It is alive and struggling. "The belly of the beast was swollen to monstrous proportions, so that it resembled a hugely pregnant bitch, although Sloane could tell it was a male".[6] The villagers were beating the dog all over its body in order to make it tender for eating. For months, they had stuffed it with rice. Sloane does not understand this practice, thinking it inhumanely cruel. Shin assures him that it is not, but again he does not understand their customs.

Finally, in the concluding scene of the story, Shin comes to him, pregnant and in labor. Months previously, he had terminated their relationship, sensing that in the primitive nature of their union there was something dangerous, as there had been in the rock fight. Had the omens of disfigured pregnancy somehow alerted his subconsciousness to this danger? In the final scene, Sloane sees Shin approaching the hospital, "Thin, short of breath, using up her last strength to roll that great inappropriate belly up the hill. . .She made a profound bow which caused her to wobble dangerously as her center of gravity shifted".[7] Shin's appearance echoes that of the woman with ascites. Sloane compares her in his own mind

with the pitiful dog lashed between the two posts, stuffed with rice as he had "stuffed" Shin with sperm. Her belly was "inappropriate" because he should never have impregnated her.

In Korea, Sloane has re-entered a primitive world where sex is not casually engaged in. Shin pays the price for illegitimate sex by social ostracism. People spit at her, throw stones at her house. Her very life is in danger. But, like millenia of women before her, she alone bears the shame of a sin committed by two people. In 1955, the year in which the story is set, sexual revolution has not occurred in Korea. There is no birth control and no abortion. Sex is still tied to pregnancy, for better or for worse.

Sloane's excursion into the dangerous world of pre-technology sexual relations is but one example of his toying with the primitive. He does so throughout the story. For example, on returning from Shin's hut one evening, he gropes his way through the dark on the path to his military post. "It was exhilarating to walk in the dark with the sensation of not being quite sure of one's footing or of one's bearings. . .This other world, the blind, calm Korean night, this one wasn't. . . so safe."[8] However, he could trust his Western technology to save him; whenever he felt afraid, he flicked on his flashlight. But, he finds his blind trust in civilization shaken when he is beaten and robbed by a gang of Koreans. Neither his status as doctor nor his flashlight can protect him from this beating. Thus, he finds that the game he plays with the primitive is dangerous. In his clumsy, civilized way, he hurts people and is

himself hurt.

When Shin comes to him in labor, Sloane must operate under a very different set of rules than those to which he is accustomed. He is back in the traditional world of high maternal and neonatal mortality, where days of agony and hopeless dystocia are commonplace. He has no anesthetics, no forceps, and no recourse to surgical intervention. His training in Western medicine has caused him to assume a false confidence in his own abilities. He takes the power conferred upon him by technology as his own. But, when he is stripped of it, he finds that he is a weak man like any other. In fact, he is even worse than his traditional predecessors because he has lost the ability to comfort. Shin labors for two days while Sloane sits by in helpless despair. He wishes he knew the ways of the oriental midwife "who has fathomed the secrets of childbirth in this land, and who has plied her trade through quiet centuries in a manner leathery, silent, and brave. If he could but read her fearless instructions, he would have it then, the way to save these two-- not even that; the way to endure it with them."[9] Sloane, a modern doctor, has lost the art of helping people to endure; he has been taught only how to "do".

At the same time, Sloane longs for Western medicine to save him. He is like a witch doctor whose magic has deserted him. More than anything, he desires to use the public address system at a Western hospital, to call out urgently for help. He even sends his assistant to a distant hospital for forceps. The man returns

many hours later with his prize, extending it to Sloane like the helping hand of technology across a primitive abyss. But, technology is not to save Sloane; his man has brought only one forcep, a senseless monument to scientific medicine, with the emblem "made in Germany" emblazoned upon it.

At length, Sloane realizes that the situation has become hopeless. Shin's tired uterus will not expel the baby. He cuts her cervix crosswise and lengthwise, in one action saving the baby and condemning Shin to death. The stick which she has clutched throughout the labor clatters to the floor.

The story reveals Selzer's fascination with the primitive religious ritual. The parallels between the surgical and the sacrificial act have been pointed out previously by Peschel.[10] The surgical table resembles an altar upon which a body is placed, a knife wielded, and blood spilled. Sloane's delivery of Shin's baby is such a ritual. There is, however, a difference between true rituals and those performed in surgery. Surgical rituals are not placed in the context of a religion; they are profane, devoid of hierophany. Unlike the primitive or religious man, the surgeon does not understand their meaning.

As Sloane sits attending Shin's labor, he falls into a light sleep, and dreams of his Western hospital. In his dream, he is called to an attempted resuscitation of a patient in an oxygen tent. There, the other doctors are "doing things (Doctors, do something!) while in the cellophane tent the dead-elect lolls, empurpled as

autumn, soon all thumped out, fresh meat, packaged in plastic. But first the ceremony. Needles are sunk in the flesh of the arms and legs, the heart, even. The body is draped with cords and tubes, festooned as any bride. Beep-beep-beep, intones the monitor in a prayer for the dying."[11] In this passage, Selzer shows that a resuscitation, or "code", is, like surgery, a type of ritual.

In "Korea", Selzer shows a longing to understand and incorporate the primitive ways of medicine, in reaction to a technology which has gone too far the other way. Technology is a high-speed locomotive hurtling to an unknown destination. It renders the physician's rituals incomprehensible to him, causing him to see himself as a god, rather than the fallible human being that he is.

Sloane's longing for tradition extends to his desire for a traditional woman, one who asks no questions, but sacrifices everything for a man. He is in some sense repelled by his modern American lover, Kate, who feels that "she would live forever, that death was never, that she and Sloane were somehow gloriously chosen for a perfect endless copulation."[12] Only a modern woman could so definitively separate copulation from a fear of death. Shin, on the contrary, is always sad, as befits a woman, whose lot is suffering, childbearing, and death. Sloane's desire for this kind of woman indicates the ambivalence which still exists with regard to the female's liberated sexuality.

Sloane discovers two things as a result of his journey into the

primitive. First, it is dangerous there; it is a world of increased mortality and suffering. Second, Western man cannot go back. Technology has changed him irrevocably. He can only go forward. But, in going forward, perhaps he can take with him something of the primitive. Selzer is not rejecting technology, but exhorting doctors to bring it back under control, to use it rationally, humbly, and with remembrance of the primitive past.

In "Korea", Selzer chooses to show childbirth stripped of its twentieth-century accoutrements. The medicine predates that of Schnitzler and Maugham. But, he does this for a purpose: to reveal a modern doctor's weaknesses by exposing him to the horrors of primitive medicine. An additional effect of reverting to this primitive culture is that Selzer is again in a realm in which childbirth is punishment. Shin dies for her transgression of a taboo. In this way, Selzer's work resembles that of the earlier doctor/writers, in that he uses childbirth as a device for punishment. He also exposes the double standard by which a woman pays a dear price for sexuality, while a man walks away scot-free. Furthermore, he, like Maugham and Schnitzler, describes a world in which a doctor has little recourse but to sit by, watch, and help the patient "endure" her agony. He can "do" very little.

Certain aspects of his story mark Selzer as a strictly twentieth-century writer, however. Like Williams, he includes medical technology and anatomical description. This reflects a reading audience that both desires and demands to know all the

details.

As we have seen, Selzer has also picked up a theme found in Williams' work, that is, the sense that technology is running away with modern doctors. Selzer's story is a reaction against this trend, in fact an overcompensation. He goes back beyond all technology to the primitive world. His story reveals that man cannot unwrite the history he has already written; he depends upon technology, and has so incorporated it into his world-view that he sees himself, rather than God, as master of his fate. The physician's new task is to unite the primitive and the technological, to find a way in which doctors may become a part of a a sacred universe, rather than remaining in the profane world performing rituals which have lost their meaning in a higher context.

In "The Virgin and the Petri Dish",[13] Selzer brings the topic of childbirth into the 1980s. In this essay, he explores the subject of in vitro fertilization. Again, he confronts the problem of fitting technology into a sacred universe, comparing the virgin birth to the union of sperm and egg in a petri dish. In the conception of the son of God, the Holy Spirit passes into the body of Mary like sunlight streaming through a glass; though the light enters, the glass is unbroken. So, Mary's membranes remain intact though she is impregnated.

Selzer wonders what the effect of in vitro fertilization will be upon the iconography of future generations. He writes: "Instead of an archangel holding a lily and whispering, they will show a

masked gynecologist holding a laparoscope; instead of Mary, kneeling, ecstatic, a covered glass dish; instead of sunlight streaming through a window, no window at all through which germs might permeate. For it will be sterility rather than purity that is painted there."[14]

And why stop with conception, Selzer wonders? The "diabolical curiosity"[15] of science will surely find a way to complete the entire cycle in a dish. Then, there will be no more childbirth. The dish will act as "an extracorporeal antechamber of the womb"[16], from which at term, the child will be "lifted painlessly from his dish and handed to his parents" (my underline). Selzer finds cause for "wonder and dread" in this.

What will happen to mankind, he wonders, if we completely overthrow those elements of life considered to be sacred? Since Adam and Eve fell from Grace, women have conceived and delivered children in a single way, ordained by God. He proclaimed also that Eve would bear children in pain. The in vitro fertilization and scenario of full-term gestation in a petri dish overrule these basic religious laws. What appears to be a small step, "a matter of plumbing", as the gynecologist says,[17] is, in fact, a huge blow to Christian religion, similar in magnitude to that delivered in the last century by Darwin's theory.

Selzer fears the relentness rush of science and technology, and exhorts his readers to slow down, to think where the advance of technology is leading us. If the rush of science continues

without self-reflection, man will end up in the "sterile"[18] world envisioned in his essay. Children will be conceived not as an expression of love but as a desire by DNA to produce more DNA. Those things that make man's life meaningful, i.e., experience of sacredness and love, will be lost.

The as-yet unrealized achievement of complete gestation outside the womb would cause, according to Selzer, the loss of one more type of miracle--the ability of the woman's body to grow and nurture a new life. Selzer, like Williams, sees the positive aspects of woman's special role. As he says, a woman "is transformed by the miracle of genesis into a mother. It is the time of her miracles."[19]

In his essay, "The Exact Location of the Soul,"[20] Selzer celebrates these special powers of the female organs.

> A writing doctor would treat men and women with equal reverence, for what is the "liberation" of either sex to him who knows the diagrams, the inner geographies of each? I love the solid heft of men as much as I adore the heated capaciousness of women-- women in whose penetralia is found the repository of existence. I would have them glory in that. Women are physics and chemistry. They are matter. It is their bodies that tell of the frailty of men. Men have not their cellular, enzymatic wisdom. Man is albuminoid, proteinaceous, laked pearl; women is yolky, ovoid, rich.[21]

The female capacity for childbearing is a positive thing, not only for the continuation of the species, but for a woman herself. Selzer would have women "glory" in their gestational abilities. Man is set against woman in a harmonious, yin/yang balance. This is quite unlike the conclusions of Schnitzler and

Maugham, who see motherhood primarily as a torment and a burden.

Through analysis of the four physician/authors' works on childbirth, a number of common themes, trends, and discrepancies have emerged. These will be discussed in the final section.

CONCLUSION

The purpose of this thesis has been to determine whether writings by physician/authors on the subject of pregnancy and childbirth have changed in any way over the last one hundred years. The discussion of each author's works has revealed several elements which differentiate them from one another. In addition, these differences appear, in some cases, to follow a trend related to historical developments described in an earlier section.

Anatomy and Medical Detail

The most concrete and obvious discrepancy between the works of the late-Victorian and those of the modern authors is the omission of anatomical and medical detail by the earlier writers. The reader remains uninformed about both female anatomy and medical procedure. Given the Victorian propensity for sexual secrecy, this trend is not altogether surprising. Its effect is remarkable, however. Leaving out detail lends an air of impenetrable mystery to the act of childbirth, causing it to appear terrifying and perilous. Childbirth becomes a black box into which a woman enters, only to emerge later either as mother or corpse.

In Schnitzler's earlier work, Bertha Garlan, the entire childbirth scene is shrouded in secrecy, laden with innuendo, lacking any direct description whatsoever. Frau Rupius suffers

privately, doctors speak in whispers and obscure the true reason for her morbid state. The words "labor" and "abortion" are not even mentioned. This secrecy has two effects: it causes Frau Rupius' predicament to seem shameful and scandalous, and makes it appear that some unknowable, mysterious force is punishing her for her misconduct.

In The Road to the Open, Schnitzler is similarly circumspect in his descriptions. Anna screams for three days, but that is all the reader knows. Why is the labor arrested? What do the doctors do to diagnose her problem? Do they consider instrumental intervention? All these questions remain unanswered.

Somerset Maugham's descriptions of labor are equally sketchy. Liza Kemp, the reader knows, is febrile and has shaking chills. If she is aborting, however, she must be bleeding. Maugham, a master of detail and description, somehow fails to mention this. When the doctor arrives, he takes Liza's pulse. Whether he does a cervical or bimanual exam to check for retained products is unknown. The same is true of the obstetrical episodes in Of Human Bondage. The woman who hemorrhages to death simply fades away, the victim of a baffling process. Is the blood soaking the sheets? If so, her bed must be a revolting mess. Neither Maugham nor Schnitzler even mentions the word "blood".

This secrecy is completely abandoned by William Carlos Williams. He is ruthlessly descriptive, providing details which not only inform but disgust. In his labor scenes, he uses words such as

"buttocks", "labia", "contracting", "sweating", "straining", "muck hole" and "flesh". He celebrates the biological aspects of labor. In these physical details is the very essence of childbirth. The senses cannot be ignored, or a crucial element of the process will be lost. Williams searched for a "full-blooded, earthly perfection", and in his poems and narratives introduced the paradox that in the very phenomena that disgust are to be found the great wonder and perfection of life. This is his way of uniting spiritual, religious beauty with the fleshy lives experienced by human beings.

Selzer, too, incorporates both medical language and anatomical detail into his writings on childbirth. He informs the reader about the actions of the doctor: Sloane sends for forceps, and when he receives only one, decides to take definitive action by cutting Shin's cervix, and sticking his hands inside of her to pull out the baby. In doing so, he is drenched with her blood. It cascades down upon him, soaking his clothes and dripping off his elbows.

In the works of both Williams and Selzer, the reader "sees" both anatomy and medical technique, details absent from those of Schnitzler and Maugham. The two modern authors break many taboos. They describe men touching female organs and talk about the blood arising from these organs.

The transgressions of these ancient taboos by the two twentieth-century writers dispels the aura of mystery surrounding a woman's body. They show that her organs work according to physical laws, just as any other tissue in the body. In this way,

women appear less threatening; the blood passed in menstruation and childbirth is, finally, just blood. That men now write about women in this straightforward way indicates how much their attitudes have changed over the last one hundred years. This change contributes importantly to the emancipation of women. If a woman's organs are perceived as equal to but different than a man's, i.e. if there is no empirical proof that they make her evil or weak, then women may take an equal but different place in society. But, so long as secrecy surrounds their specifically female functions, there will be uncertainty about female goodness and worth.

Normal vs. Abnormal Delivery

An additional difference which distinguishes the late-Victorian from the modern writers is that the earlier authors described primarily abnormal and tragic deliveries, while the later ones dealt with both normal and abnormal delivery. In the works of Maugham and Schnitzler, the women generally die, young, beautiful, pale, and wan. Their women contrast sharply with Williams' robust gravida. Williams' women sweat and strain through normal deliveries. While he too writes of tragedy, as in the poem "Dead Baby", he also considers the happy aspects of birth, as in his story, "A Night in June," and his poem, "Patterson." Selzer, too, writes of both joy and tragedy in childbirth. Thus, in "Korea," the woman dies

appallingly in labor, while in "The Virgin and the Petri Dish," labor and delivery are described as a time of "women's miracles."

This trend away from emphasizing the tragic, calamitous aspects of childbirth toward describing normal labor finds its roots in the mortality statistics of the past one hundred years. In the nineteenth century, death was an everpresent attendant at childbirth. As doctors, Schnitzler and Maugham saw more death in connection with childbirth than did Selzer and Williams, and thus it is not surprising that their literary works should be colored by these experiences. The later writers were able to dissociate their impressions of childbirth from the spectre of death.

Childbirth as Punishment

It is an ancient idea that woman suffers in childbirth because she is being punished for wrongdoing. By tasting the fruit of the tree of knowledge, Eve not only causes man to fall from Grace but dooms womankind to eternal pain in bearing children. The concept that labor is punishment is an understandable conclusion; women suffer in labor, men do not, therefore, women must have done something to deserve their pain.

The works discussed here continue to explore the issue of childbirth as punishment. In Schnitzler's Bertha Garlan, Frau Rupius dies in labor because she has committed adultery. In his Road to the Open, George and Anna's baby dies because they enjoy

sex out of wedlock. In both cases, death occurs because sex is disengaged from a desire for pregnancy.

In Liza of Lambeth, Maugham also uses childbirth as a penalizing device. Like Frau Rupius, Liza Kemp dies because she commits adultery. However, in his later novel, Of Human Bondage, Maugham discards the concept of childbirth as punishment. Now, it is simply one more reason why there cannot be a God, because God could not distribute justice in such an arbitrary, cruel way.

In his works depicting childbirth, Williams is completely non-judgmental. He presents the facts objectively, without consideration of right and wrong behavior. Women suffer in labor, but it is not because they are bad. They are just different. Women are also rewarded in a unique way; they gain a wonderful possession through the pain of labor, their motherhood.

There is a trend in these works away from the concept of childbirth as punishment for sin toward a greater objectivity and permissiveness.

Selzer's story, "Korea", does not at first appear to follow this trend. Shin's death is her punishment for wrongdoing; she sleeps with a "barbarian", a representative of the Western culture which has ravished Korea. However, this story is a unique case of a modern man in a primitive culture. Primitive rules apply to Shin; she must die for breaking the taboo of her culture. A "wrong" indulgence in sex is necessarily related to pregnancy, which is necessarily related to death. On the other hand, Sloane's Western

mistress, Kate, can dissociate sex from guilt, pregnancy, and death. In this way, Selzer acknowledges that what applies to one culture does not necessarily apply to another. Here, Selzer, as always, poses the question: "Where have the changes taken us?" Kate's carefree attitude somehow bothers him-- he wants her to feel guilty, to be sad like Shin, not cheerful and optimistic. Kate represents a break with traditional customs and religious beliefs, and so she is unsettling.

The trend away from the use of childbirth as punishment finds its fullest expression in Williams' works. Selzer acknowledges the change but also questions it.

It is evident from the above discussion that pregnancy and labor, particularly those with bad outcome, are pervaded by feelings of guilt. If baby or mother dies, people feel an acute desire to find fault with someone for the tragedy. In the previous century, the guilt rested primarily with the parents and especially with the mother. If she was "virtuous," she would have a good outcome; if not, she was punished by her own demise or the death of her baby. Because the doctor could do relatively little to intervene at that time, a woman did not expect miracles of him, nor could she blame him if something went wrong.

In Maugham's Of Human Bondage and in Williams' works, the mother is no longer seen to be at fault. She is affected instead by physical laws and impersonal statistics. Her outcome is determined not by her own virtue, but by chance and, increasingly, by the

doctor's expertise. Today, as Selzer illustrates in the story "Korea" and the essay, "The Virgin and the Petri Dish," the doctor can perform miracles. However, now the burden of responsibility is shifted to him instead of the mother. If there is a bad outcome, it is now the doctor's fault. The need to assign guilt to concrete human actions rather than to chance finds its expression today in the explosion of litigation which threatens to cripple the field of obstetrics. The guilt which has always surrounded childbirth is now primarily the doctor's burden rather than the patient's.

Childbirth, Death, and God

The four doctor/authors all recognize something about the tragedies of childbirth which makes them particularly unbearable and appalling. A bad outcome in childbirth calls into question beliefs about religion, God, and science. A baby's death is terrible because the tiny creature is an innocent being. With a newborn's death, all the parents' hopeful expectations are shattered, and the potential of an entire lifetime is lost.

A mother's death is also terrible. Her husband loses not only his companion of a lifetime, but also the mother of his children. The deaths of both mother and infant are untimely; they occur jarringly out of place. Death is never a happy occurrence, but when it happens at the end of a long and productive life, it loses the sting of tragedy.

For ages, it has been one of the functions of religion to help man cope with disaster. If one believes that God, for His own mysterious reasons, has taken one's wife or child back to Himself, it is possible to continue life without becoming crippled by grief. Similarly, belief in an afterlife and in the certainty of posthumous reunion brings consolation to grieving parents or husbands. But the anguish occasioned by the loss of a spouse or child stretches these religious beliefs to their limits.

In their works dealing with tragedy in childbirth, all four authors arrive at certain basic conclusions concerning religion. They all reject formal religious beliefs about an all-knowing, intervening God, the after-life, and sin.

In Schnitzler's Road to the Open, when George is faced with the death of his child, he considers his religious orientation as follows: "he had never believed in the God of the childishly pious, who was supposed to reveal himself as the fulfiller of wishes of wretched men and women, as the avenger and forgiver of miserable human sins. The Nameless One which he felt in the infinite beyond his senses, and transcending all understanding, could only regard prayer and blasphemy as poor words out of a human mouth."[1] But the death of his baby makes him question even this "Nameless One" who would gamble with his fate. George arrives instead at a mystical connection between his own wrongdoing and the death of his baby. At no time does he express the belief that he will be reunited with his child in heaven.

In Of Human Bondage, Philip Carey similarly rejects the idea that there is a God meting out punishment and reward. A God who would permit the cruelty and sadness of the world would not be a loving God, and therefore He is unacceptable. Death occurring in childbirth is but one more example that life has no meaning. Life is lived only for the pleasure of making of it one's own unique design; a life well-lived is not a ticket to heaven.

Williams' scepticism and reliance on empirical observation caused him to reject ideas inconsistent with his earthy logic. Upon contemplating a newborn baby, he finds it absurd to believe that the innocent, helpless thing could be guilty of original sin.[2] In his poem, "Dead Baby," Williams betrays this pragmatic questioning of religious beliefs. The baby goes to heaven "problematically". This term implies uncertainty about the actual existence of this destination, as well as doubt about the relative value of heaven and the timeliness of the baby's demise. Despite his matter-of-fact empiricism, Williams still searches for a mystical, unknowable force, a "perfection" existing in mundane, physical things.

Selzer's story, "Korea" concerns an "unreligious" doctor. However, early in the story, it becomes apparent that he, too, has a religion: medicine. For medicine, Sloane performs rituals and through it he experiences a disconnected sacredness. But this "religion" has several problems: first, the doctor tends to put himself in the place of God, the performer of miracles, and second, the rituals are empty of meaning. In the end, it is a profane religion. It centers on man and is created by him, rather than

being a connection to God Himself. During Shin's labor, Sloane realizes that his godlike powers are not his own; he is only a weak man in need of a true god.

These works reveal a progressive change in the authors' religious orientation over time. In the earlier works, the writers, stimulated by the tremendous advances in natural science and buffered by a faith in its future, have found it possible to reject God, and trust in man as the master of his own fate. The modern author's writings betray a desire to regain God and sacredness, a difficult task for men steeped in science and medicine.

Man/Woman Dichotomy

An additional theme which recurs throughout the works of the physician/authors is that of the fundamental, immutable difference between man and woman, illustrated finally and inescapably in the act of childbirth.

In Schnitzler's work, this dichotomy between the sexes is exemplified by the double standard. Women, unlike men, are permitted to engage in sex only for the purpose of becoming pregnant. A woman's sexuality is curtailed by both moral standards and by her own psychological make-up. Contrary to this, male promiscuity is acceptable and even, covertly, to be condoned.

Schnitzler also emphasizes the role that pain plays in separating a woman from a man. Pain takes Anna away from George

in The Road to the Open; he feels that he can no longer reach her when she is suffering, and he is afraid both for her and of her.

Maugham, like Schnitzler, shows that women are subject to a double standard. Liza pays physical and social consequences for adultery, while her lover remains unaffected. In Of Human Bondage, Maugham focuses not on moral standards distinguishing the sexes, but on the sad realities of being a woman. Lower class women are sentenced to a life of uncontrollable childbearing and motherhood, processes which wrack their bodies, make them prematurely old, and drag the entire family down into poverty. Men suffer equally degrading and difficult lives, but their fate is one of a losing battle against poverty and unemployment rather than of suffering in childbirth and child-rearing.

Contrary to this negative view of the difference between women and men, Williams, as I have emphasized, sees a woman's procreative powers in a positive light. As he says with humor and respect after his patient delivers a 13-1/2 pound baby, "Not a man among us/can have equalled/that." Selzer, too, recognizes the positive aspects of women's unique function. Childbirth is a time for "women's miracles."

That the authors' recognition of the differences between men and women should have changed coloration from negative to positive reflects the altered face of pregnancy and childbirth in this century. In the not-too-distant past, a woman's procreative capacity could only be looked upon as a burden. It was often the

unwanted result of sexual relations. It resulted in a deterioration of health and the possibility of untimely death. It prevented entry to the professions, chaining women to home and children.

Today, women have joined the work force at all levels. Their families are smaller and do not prevent them from pursuing a career. Respect for female accomplishments in non-procreative fields has carried over into male sentiment about a woman's unique functions as well. Women now have more control over their labor experience; they know that pain killers are available and that death occurs very rarely. They themselves are now able to see childbirth in a positive light. These factors all contribute to a man's tendency to view women's special powers with respect and even envy, rather than pity.

Portrayal of the Physician: Impotence vs. Action

The final trend which has emerged in analyzing the works of Maugham, Schnitzler, Williams and Selzer is the change in portrayal of the physician attending childbirth from impotent bystander to active interventionist.

In Schnitzler's Bertha Garlan, the doctor's role consists of covering up his patient's condition in order to avert scandal. She has a septic abortion, and nothing can be done for her. The doctor's intervention is purely social, rather than scientific or medical.

In The Road to the Open, the doctor must spend three days watching his patient writhe in agony, her labor arrested, her baby's heartbeat growing ever weaker. He is able to console and treat her suffering with compassion, but can offer no further therapeutic aid. When he tries to resuscitate her dead baby, he must resort to hysterical, ritualistic shaking of its body. The only "tools" available to him are his own hands, his ingenuity, and his compassion.

In Maugham's works, the doctor's actions are equally ineffectual. In Liza of Lambeth, the physician sits quietly, occasionally taking his patient's pulse as she gradually slips into death. Similarly, in Of Human Bondage, Philip Carey and the senior obstetrics clerk must watch helplessly as their patient hemorrhages to death. In this case, the S.O.C., worn by years of ineffectual struggle against the hopeless conditions of the London slums, has grown distant and curt. He has relinquished the one tool remaining to him when all others fail: his human kindness.

The doctor in William Carlos Williams' stories and poems is a very different man. He busily delivers baby after baby, plying his trade with confidence and skill. If the labor becomes complicated, he can step in and set things right. For example, in "A Night in June", when his patient's labor fails to progress, he gives a dose of pituitrin, and soon delivers the baby. He is a successful, active doctor. Still, Williams recognizes the danger in the uncritical acceptance of all that is newfangled and avant-garde; one must

combine humanistic with scientific medicine.

Selzer's doctor in "Korea" is also, through most of the story, active: he removes goiters, lances abscesses, drains ascites. However, during Shin's labor, he confronts a situation in which he can do nothing. In this case, he resembles the doctors of Maugham and Schnitzler. But there is a difference. Sloane is a modern doctor and knows what it is like to take effective action. He is tortured by his helplessness. Unlike turn-of-the-century doctors, Sloane has neither developed compassion nor a hard shell to cope with unavoidable human tragedy. Even in this hopeless situation, he eventually takes action: he slices Shin's cervix and saves the baby.

In "The Virgin and the Petri Dish," Selzer shows that the greatest problem facing modern doctors is not impotence, but an over-ability to intervene. Doctors now perform miracles on a regular basis. But at what cost? Will the scientific technology of our century result in the loss of the religious, cultural heritage which makes life meaningful and good?

There is, then, a progression from the late-Victorian depiction of the physician as an impotent, passive social intervener to his modern portrayal as an active, powerful being suffering from a dangerous propensity towards hubris. This trend obviously parallels the progress of medical technology.

The literature of the doctor/authors of the last one-hundred years has done much to illuminate the experience of childbirth.

Through these writings, one gets a sense of the varying social and cultural implications of pregnancy and labor during different historical eras. In addition, the role of the male doctor in childbirth has been clarified in these works. The actual sensory experience of labor, however, can only be described by a woman. Therefore, a female perspective on childbirth could provide rich areas of literary expression not examined in this paper. Study of feminine literature on the subject of childbirth remains a tantalizing subject for future inquiry. For the female doctor's response to childbirth, however, one must await the arrival of a woman physician into the ranks of doctor/authors. The ever-increasing numbers of female physicians makes this occurrence a likely possibility.

SUMMARY

At the outset of this thesis, the question was posed: has the literary representation of childbirth in the writings of physician/authors altered in any way over the last one hundred years? The answer is yes. Analysis of the works of Schnitzler, Maugham, Williams and Selzer has revealed a number of trends which reflect the influence of medical and cultural developments during this time period.

First, the turn-of-the-century authors Maugham and Schnitzler avoid medical and anatomical detail when writing about childbirth, and in this way their works show the effects of Victorian secrecy. In contrast, Williams and Selzer include graphic descriptions of female organs and medical procedure.

Second, the earlier writers describe deliveries with poor outcomes while the later authors, especially Williams, emphasize the normal labor and delivery. The decrease in maternal and neonatal mortality of the present century has permitted the modern writers to dissociate their impressions of childbirth from the spectre of death.

Third, the earlier authors tend to use childbirth as a literary mechanism for punishment, while Williams remains nonjudgmental in his treatment of the subject. Selzer's story proves to be an exception to this trend, but it is unusual because it is set in a society in which different rules apply than in our own culture.

Fourth, all the physician/authors recognize something in the

tragedies of childbirth which is so appalling that it calls into doubt established religious beliefs. In Maugham's and Schnitzler's work, this questioning takes the form of rejection of religion, while in Williams' and Selzer's, it is an attempt to refind a religion that embraces medicine and science.

Fifth, all the authors find in childbirth a confirmation of the immutable difference between men and women. The turn-of-the-century writers emphasize the negative aspects of the discrepancy, while Williams and Selzer find in it a cause for envy and respect, rather than pity.

Sixth and last, the two earlier writers portray their doctors as impotent and passive, while the modern authors describe active, intervening physicians. This trend parallels improvements in medical science. Williams introduces doubts and fears about the dangers of scientific medicine, a theme picked up and elaborated upon by Selzer.

The conclusion, then, is that the literary portrayal of childbirth in the works of doctor/authors of the last one hundred years has changed in a systematic manner, reflecting advances in medicine and changes in cultural norms concerning sexuality and the female role. Scientific, technological medicine has had a major influence upon all aspects of life during this century; not only has it influenced the role of and quality of life for women, it has also challenged religious beliefs and threatened those very intangibles

which make humanity what it is. Technology is a double-edged sword, with a tremendous power that is at one time destructive and healing.

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